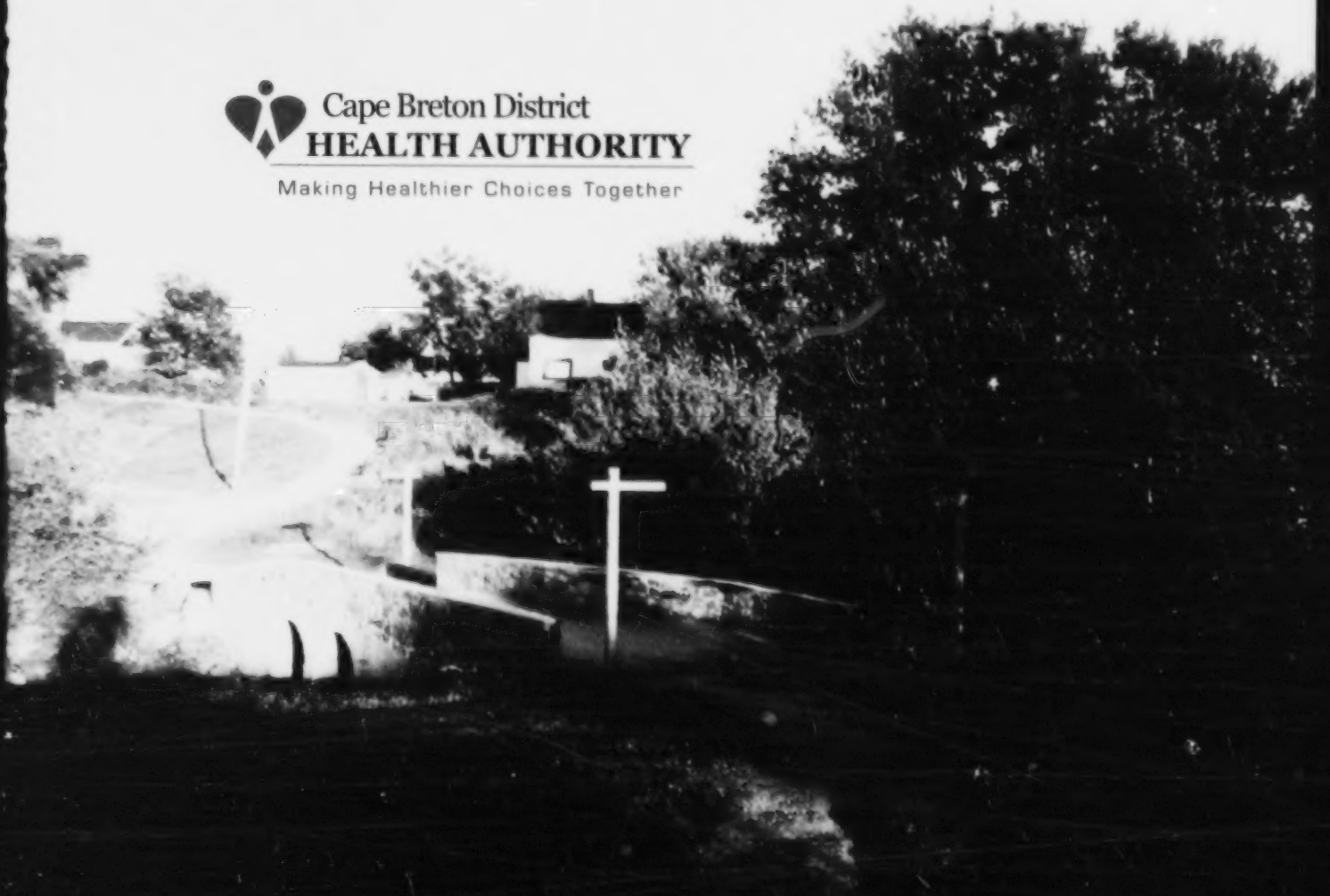
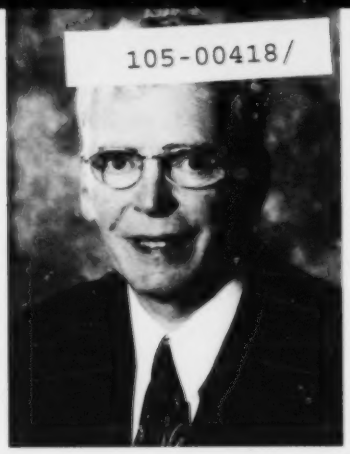
ON THE ROAD TO...
Better Health

Cape Breton District
HEALTH AUTHORITY
Making Healthier Choices Together



ANNUAL REPORT • 2003 - 2004

Chairman's Message



More so than any other year in the District's brief history, 2003-2004 has been the year that the District began it's journey down the road…to better health.

Serving as our road map on this journey are the District's Strategic Directions, developed after considerable consultation and released in September of 2003. Building a stronger and healthier Cape Breton is the focus of our five-year plan, which serves as a comprehensive guide for our employees, our services and programs. It's also a guide for our partners in care, community stakeholders, Community Health Boards, and the people we serve. The plan focuses on four directions: HEALTHY COMMUNITIES, HEALTHY SERVICES, HEALTHY WORKPLACES and HEALTHY POLICIES. In each of those areas we have identified specific goals and objectives that are helping to make us healthier.

Improving the health of our population involves a team approach. I am proud to say that the commitment of the District's employees is second to none. Their compassion is complimented with knowledge and skills that make a difference to the people receiving care and treatment each and every day. However, making sure we have the appropriate number of skilled employees is a challenge. The District's aging workforce means that we are seeing an increase in retirements. The competitive nature of the workplace nationally and internationally also means that there will always be a need for new employees. Recruitment and retention is ongoing and something we are improving. One way to meet the challenge locally is to encourage our young people to consider a career in health care. There are many different career opportunities and making students aware of their options could make a difference for them and for our District. Most often, employment is available closer to home with our District.

The District is also becoming more active and supportive in the area of health research and ethics. This is an important aspect of health care which helps us to better understand health issues and conditions. A focus on research and ethics also allows us to gather evidence from which we make informed decisions and hopefully, the most appropriate decisions about the delivery of care, programs and services. Research in the District is diverse. Most recently it includes investigation in the areas of Oncology, Cardiology, Neurology, Nephrology, Emergency Medicine, Cardiovascular and Respiratory. In June 2003, the first annual Cape Breton Health Research Symposium was presented by the District and the University College of Cape Breton. Representatives from the academic community, health professions and the voluntary health sector gathered to share information on their research initiatives. This one-day Symposium entitled, "Broadening the Definition of Health: Building Research Through Partnerships" has been a catalyst for more research work, information sharing and relationship building. The District and the University also signed a memorandum of understanding to collaborate on health services research and promotion initiatives. In the coming years we expect that health research will continue to play an important role in the direction of the District and in the delivery of care. This will be possible through the continued leadership of our health professionals and the partnerships we are developing locally, provincially and nationally.

"Making Healthier Choices Together" is our District's motto. As an active phrase, it supports the ongoing coordination and collaboration that is important to our overall success as a District. Improving the overall health of the population is challenging and requires participation from many sectors. I must compliment our six Community Health Boards (CHBs) who are showing leadership with community-based projects that focus on prevention, health education and healthy physical activity. Our District employees also work in many ways to form and strengthen community partnerships. Many people are interested in finding the best ways to help meet the ongoing health challenges facing our population. There are also individual commitments that deserve recognition as more people in our communities take greater responsibility for their own health. All this is important, because the choices we make today, will affect our health tomorrow.

We cannot achieve our goals alone. With the help of our CHBs and our communities, the District can reach its goals. Alone, we make an impact in our own lives. *Making Healthier Choices Together* means we make a difference for everyone.

Sincerely
Norman Connors, Chairman

About Our District

The Cape Breton District Health Authority was established on January 1, 2001. It is a mix of facilities and services within Cape Breton County, Northern and Central Inverness County and Victoria County.

In addition to acute care delivery the District works under an integrated service model that includes Addiction Services and Public Health Services.

The District has a dedicated staff of more than 3,000 health care providers who work with 300 hospital and community based physicians to provide primary, secondary and tertiary care to more than 140,000 people.

Each year the District has more than 17,000 patient admissions and more than 210,000 Outpatient Visits.

In total, the District has 547 acute care beds and 188 Veterans and continuing care beds.

The District will eventually assume responsibility for Home Care and Long Term Care.

Our Mission and Values:

Mission Statement:

To promote a healthy lifestyle within the population served by the Cape Breton District Health Authority by providing appropriate, compassionate, integrated services focusing on quality-of-life through treatment, education and research while minimizing the effects of disease processes.

Values:

We, the Cape Breton District Health Authority, believe in:

Accountability:

To provide evidence-based, integrated services founded on appropriate health planning principles. Regular evaluation of the health care needs of the District will serve as a basis for health care delivery.

Respect:

To treat all individuals with dignity and respect.

Trust:

To practice open, honest and timely communication, thereby fostering positive interpersonal relationships. To demonstrate consistency, yet show needed flexibility to foster innovation.

Workload Statistics

	Acute Admissions	ER/Ambulatory Care Visits	Inpatient Surgery	Day Surgeries
Cape Breton Regional	11,149	86,203	4,976	5,125
Glace Bay Health Care	1,621	36,402	224	2,727
Northside Harbour View	1,456	29,025	378	2,606
New Waterford Consolidated	477	26,743	75	1,757
Buchanan Memorial	371	3,931	0	0
Inverness Consolidated Memorial	1,194	15,885	360	929
Sacred Heart	326	5.128	0	0
Victoria County Memorial	489	8,738	0	0
Total	**17,083**	**212,055**	**6,013**	**13,144**

Addiction Services	Total Clients	Primary Care Unit Admissions	Individuals treated in the Community Counselling & Treatment Program	Individuals who participated in Prevention & Community Education
	1,965	927	1,637	4,788

Public Health*	Children (ages 4-6) Vaccinated against Vaccine Preventable Diseases	Moms and partners receiving Prenatal Education	Women who did not smoke during their pregnancy	Children participating in schools with the Flouride Mouthrinse Program	Moms who received post partum home support
	95.7%	97.9%	66.2%	86%	93.7%

**indicates statistics from shared service with the Guysborough Antigonish Strait Health Authority.*

Mental Health Services	Outpatient Mental Health Assessment	Visits to Outpatient Programs and Services
ER Crisis	1,484	1,742
Mental Health Clinics	1,678	12,948
Child & Adolescent Services	572	4,089
Day Centre	65	2,684**
Total	3,799	21,463
Community Rehabilitation Team	11	6,138
Crossroads	32	8,519**
Total	43	14,657

In 2003-2004, Mental Health Services had 900 inpatient admissions. In general, there is a trend towards increased utilization of outpatient services through various services and programs. There is also increased utilization of Child and Adolescent Services by residents of Victoria County. Numbers with ** refer to Program Days or Attendance Days rather than visits for these programs.

ON THE ROAD TO...

Healthy Communities

Board Says NO to Smoking in Casinos

In May, the District's Board of Directors unanimously passed a motion to ask Premier John Hamm not to allow legislation that would provide casinos operating in Sydney and Halifax with an exemption from smoking bylaws. The Board believes that current municipal smoking bylaws in the District provide for a fair business climate and consistency in the way in which the law is applied. The District's Medical staff also passed a motion urging the province to support municipal smoking bylaws and not allow a casino exemption. The physicians said there is only so much they can do to protect the health of people and that the provincial government must also protect the health of citizens and remain fair to all businesses.

"Municipalities in Cape Breton have worked extremely hard to develop and pass bylaws that will lead to 100% smoke-free workplaces. That leadership must be supported and rewarded."
Norm Connors
Board Chair

Population Health Day Explores "Communities in Motion"

"Communities in Motion" was the theme for the District's third annual Population Health Day in May 2003. Community Health Board members, health professionals, educators and recreation specialists gathered to formulate recommendations on a direction for improving community action toward physical activity within the District. The keynote speaker for the day was Dr. Phil Campagna, Dalhousie University, the Principle Investigator of the October 2002 report on the Physical Inactivity of Youth in Nova Scotia, who explored opportunities for action in addressing physical inactivity. Sessions and presentations which addressed Community primary prevention using a physical activity approach were also held during the event.

OUR HEALTH Check UP

In May 2003, the District released a summary update to the OUR HEALTH report issued in January 2002. The OUR HEALTH Check Up, updated the progress the District has made on some health issues that affect people in our communities. Some of the areas highlighted in the report included smoking, cancer prevention, child and youth health, bone health and heart health.

Addiction Services Hosts Volunteer Workshop

For one weekend in October, more than 100 volunteers from community based Addiction Awareness Committees from across the province arrived in Sydney to attend the Provincial Volunteer Conference and Workshop. Hosted by Addiction Services, the Provincial Volunteer Conference and Workshop provided an opportunity for both veteran and new volunteers to gain knowledge, share information and ideas and to do some collaborative planning related to key issues and trends in Addictions. Educational and planning experiences as well as information on prevention, treatment and community education were covered by participants.

Challenges and Controversies Examined at Cancer Symposium

Nationally and internationally recognized clinicians, researchers, clergy, a yoga therapist and a lawyer were among the presenters who shared their expertise and opinions at the 6th Annual Cape Breton Cancer Symposium. Approximately 300 participants attended the event themed Challenges and Controversies. The symposium provided doctors and health care professionals with a variety of current insights into holistic, spiritual, medical and financial aspects of cancer treatment and prevention. Discussion centered on the needs of cancer patients not always addressed in traditional medical relationships. The guest speaker was Dr. David Khul who presented **"What Dying People Want: Practical Wisdom for the End of Life."** Ronnie's Hairline received the Annual Cape Breton Cancer Symposium Community Award which is presented to an individual or organization that makes exceptional contributions to cancer prevention and care in the community.

Provincial Palliative Care Conference Held in Baddeck

Over 250 healthcare professionals and volunteers attended the 14th Annual Nova Scotia Hospice Palliative Care Association Conference and General Meeting The conference theme was "Journeys" and provided participants with an opportunity for education, networking and to address the needs of all palliative care patients and their families throughout Nova Scotia. Some highlights of the conference were Plenary Sessions by Keynote Speakers Dr. Larry Librach and Dr. Beth Perry, both experienced and recognized experts in the field of hospice palliative care.

Pharmacy Techs Hold 1st Annual Conference

The District's Pharmacy Services hosted the 1st Annual Pharmacy Technician Conference in October. Pharmacy technicians from across the District and its communities attended the conference. In the spring, a survey was conducted to determine the interest in holding a Pharmacy Technician conference. On the survey, technicians chose several topics of interest they wanted included in the conference's academic program. The goal of the conference was to contribute to the professional competency of Pharmacy Technicians working in both the community and hospital sectors.

CHB Hosts 1st Well Women Clinic North of Smokey

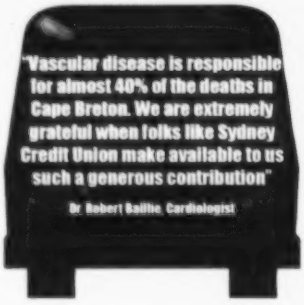
In November 2003, the first ever Well Women Clinic for North Inverness County was held in Pleasant Bay. Braving snow covered roads and inclement weather, 32 women were screened. Of these, only three had regular PAPs and for the rest, it had been three to 14 years since their last exam. Women came from as far as Margaree and Cheticamp for the clinic. The idea of having a clinic was brought to the attention of the North Inverness County Community Health Board (CHB) which was then able to procure a female physician and a nurse practitioner to do the PAP screening as well as have a community educator provide breast self examination education, along with blood pressure, blood glucose and cholesterol monitoring. The main goal of this initiative was to demonstrate that women would attend a clinic held in their home community where they felt more comfortable among friends and neighbours, using female providers for the screening.

ON THE ROAD TO...

Healthy Services

Credit Union Donates to Cardiology Unit

In April, the Sydney Credit Union made a $65,000 contribution to the Cardiology Unit at the Cape Breton Regional Hospital. The funds have been designated for an exercise stress testing machine and a cardiac ultrasound probe. The exercise stress testing machine is used to diagnose ischemic heart disease and to risk stratify patients. It is also used in both regular stress testing and as part of a medical protocol for nuclear stress testing. Cardiac ultrasound is used to assess heart function as well as valvular heart disease. The cardiac ultrasound probe is a small unit and enables better cardiac imaging with less distress for smaller patients and children.


"Vascular disease is responsible for almost 40% of the deaths in Cape Breton. We are extremely grateful when folks like Sydney Credit Union make available to us such a generous contribution"
Dr. Robert Baillie, Cardiologist

Paid Parking at Northside General and Glace Bay Hospital

In April, paid public parking at the Glace Bay and Northside General Hospitals was introduced. The $2 parking fee was initially announced last April as part of the District's 2002-2003 business plan. The pay and display machines resulted in some changes in the way people park at the hospitals. At the Northside General, additional spaces were made available to the public closer to the Emergency Department entrance. Paving of an expanded rear parking lot and the addition of more lighting were undertaken. In Glace Bay, signs were erected to identify the direction of travel for patients and visitors. To make the transition to paid parking easier, change machines were also installed inside the hospitals. Staff and physicians at the two hospitals also pay for parking. Money raised from parking supports parking lot upgrades and ongoing maintenance. The money is also used to help purchase medical equipment and support programs and services.

Money Announced for Hospital Repairs

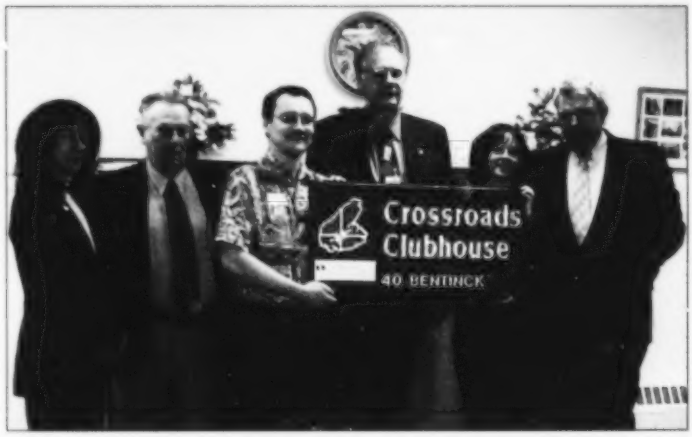
In May, the provincial Department of Health announced that three of the District's hospitals would receive a total of $2,035,000 for needed structural repairs. Northside General received $1.9 million for improvements to its exterior including the replacement of windows, the installation of new siding and repairs to the hospital's brickwork. Harbour View received just under $400,000 for the replacement of its roof. Inverness Consolidated Memorial received $120,000 for a new roof. The hospital also received $25,000 to have a facility assessment done to address its need for additional space. The funding for the renovations was part of a $30 million capital grant announced in the 2003-2004 provincial budget. More than $9 million of that funding has been allocated for hospital repairs across the province.

Banner Year for Crossroads

It has been a busy year for the Crossroads (Clubhouse) Program. Crossroads is a rehabilitative, community based program for individuals who are living with long term mental illness and is part of the District's Mental Health Services. In 2003, Crossroads received the highest level (3 years) of certification possible from the International Center for Clubhouse Development (ICCD). Crossroads is the first Clubhouse certified in Nova Scotia and only the second certified clubhouse in the Maritimes. A three-year certification is only achieved when a clubhouse is in overall compliance with each of the major areas of the International Standards for Clubhouse Programs. The principles expressed in these standards are at the heart of the clubhouse community's success in helping people with mental illness to stay out of hospital while achieving social, financial and vocational independence.

"Our club has reached a major milestone in our eighth year, an achievement earned through hard work, dedication and partnership between club members, staff and the ongoing support of Mental Health Services. Certification opens the possibility that Crossroads could one day become a certified training base providing education to other clubhouses wishing to learn more about the clubhouse model," says Colleen Cann-MacKenzie, Clubhouse Coordinator.

In May 2003, Crossroads used Mental Health Week as an opportunity to raise awareness about its program by developing and designing a poster. The poster features collages that represent eight categories: relationships, work, education, community, opportunity, recreation, employment and celebration.



"These categories give a general sense of the variety of wonderful things that happen at the clubhouse," says Angela Stairs, Occupational Therapist. "Hopefully it will spark the interest of people who are living with mental illness and would like to become more a part of and contribute to their community and have more opportunity through partnership."

Crossroads ended the year by moving into a new location, St. Andrew's Memorial Hall, in January 2004. The move was prompted by a need for a space larger than its original location. Crossroads has 138 members who help promote hope, full citizenship, consumer/family participation, mutual support, personal growth, social networks, improved housing and access to numerous employment and educational opportunities for individuals living with mental illness.

Clinical Day in Cardiology

The District's Cardiology Department hosted the 6th Annual Clinical Day in Cardiology at the University College of Cape Breton's Royal Bank Lecture Theatre. The Symposium brings leading researchers and Cardiology specialists from across the Maritimes and other areas of Canada to speak on a wide range of common topics in cardiovascular disease.Guest speakers at the event included Dr. Martin Gardner, Dr. Jacques Genest, Dr. Denis Drouin, Frances Allan RN, Dr. David Bewick, Dr. Simon Jackson and Dr. Nick Giacomantonio.

Obstetrics Service Suspended at Norhtside General

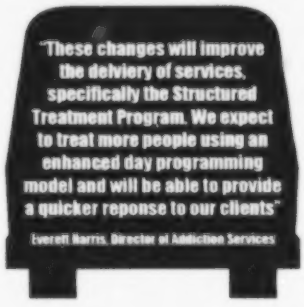
The Obstetrics Unit at the Northside General Hospital was permanently closed in September 2003. The service had been temporarily suspended since June 2002. The change was necessary because the hospital did not have the minimum number of physicians needed to safely provide the service. To safely operate the obstetrics service, the District required at least three to four physicians for the Northside General to regularly deliver babies. Nursing staff had been temporarily reassigned to other areas within the District, including units at the Northside General and the Obstetrics Unit at the Regional Hospital. No staff lost employment from the closure. Deliveries in the District are presently done at the Cape Breton Regional, Glace Bay and Inverness Hospitals.

Neurology Update

In October, the second neurology update was held at the UCCB Boardmore Playhouse. The themes covered at this second update included Multiple Sclerosis and movement disorders. Movement disorders are common neurological problems in neurology and is of interest to all health care workers because of its frequency and sometimes very unusual presentations. All of these problems are looked after locally by local neurologists on the Island. The prevalence of MS in Nova Scotia is among the highest across the country as are large populations of Parkinson's type syndromes and Huntington's Disease. The update was presented by the Multi-Diciplinary Stroke Team and was open to all health care workers.

Addiction Services Changes Program Delivery

Addiction Services, a shared service of the District and the Guysborough Antigonish Strait Health Authority made changes to the delivery of its Structured Treatment Program to help improve services to clients. The changes included a consolidation, enhancements to programs and the introduction of a new pilot program. Programs being offered at two locations were consolidated and relocated to one location. As a result of the changes, enhancements to the withdrawal management program will also take place. Initially a pilot day program in withdrawal management will be developed, providing safe withdrawal and support for people with addictions. An example of an effective program of this type is located in the Capital Health District and provides alternatives and increased capacity for withdrawal management. The program change will directly affect 10 Addiction Services staff and involves re-assignment and layoffs. Five employees currently with the Structured Treatment Program will be re-assigned to compliment and enhance other program areas.


"These changes will improve the delivery of services, specifically the Structured Treatment Program. We expect to treat more people using an enhanced day programming model and will be able to provide a quicker reponse to our clients"
Everett Harris, Director of Addiction Services

MRI Arrives in Cape Breton

Tuesday, November 4th was an historic day for the District with the arrival of the new MRI (Magnetic Resonance Imager) at the Regional Hospital.

Bringing the machine into the hospital took a coordinated plan which included the closure of some services for the day, no public access through the main entrance and alternate parking arrangements for the public. Outside, commissionaires directed people to the most appropriate parking area and alternate entrances. Once inside, hospital staff helped people get to their destination within the hospital.

Because part of the MRI includes a large electromagnet which weighs approximately 12,500 pounds (5600 kilograms), a crane had to lift the machine from a flatbed trailer parked near the main entrance and place it on a track system. The unit was then slowly rolled into the building, through the main corridor and into the newly renovated MRI area. Five sets of doors, including those at the main entrance were removed as part of the process. The unit was then installed, tested and commissioned by the manufacturer. On January 19, 2004, the unit saw its first patient. In February, more than 100 people toured the unit during an open house for staff and the public. The official opening of the unit was held in March 2004.

The majority of funding ($2.3 million) for the MRI came through the Federal and Provincial Governments via the Federal Medical Equipment Fund. Through the Taking Care of Cape Breton Campaign, coordinated by the Cape Breton Regional Hospital Foundation, $1.5 million was raised by the community towards the installation and purchase of both the MRI and the Bone Densitometer machine.

Thank You

The Board of Directors of the Cape Breton Regional Hospital Foundation would like to extend a heartfelt thank you to the capital campaign cabinet, volunteers and donors who made the 'Taking Care of Cape Breton' campaign a genuine success. It is through the generosity and community spirit of Cape Bretoners that the acquisition of an MRI and Bone Densitometer for the District became a reality. Congratulations are also extended to Sadie McNeil of Baddeck who won the Ultimate Cottage in Baddeck Lottery. The lottery was a major component of the community fund raising initiative which raised $1.5 million towards the purchase of the MRI and Bone Densitometer. Thank you.

ER Services Review Update

The District's Board of Directors extended the levels of funding for physicians working in the Emergency Department at New Waterford Consolidated for an additional six months. The extension was necessary as the District continued to look at ways to resolve challenges which include: transfers of patients if there is a reduction in Emergency Department hours, the use of acute care beds at the hospital, including those occupied by patients requiring an alternate level of care. An Implementation Committee that examined the possible change in hours for the Emergency Department highlighted those concerns previously. A reduction in the hours of service at the New Waterford Emergency Department was one of 44 recommendations contained in an Emergency Services Review, which previously examined the delivery of Emergency Services at the hospitals in New Waterford, Glace Bay, Northside and Sydney. It is the only recommendation from the report that has not been accepted by the District's Board. The District continues to implement other elements of the Emergency Services Review.

District Gets New Equipment

More accurate results for patient tests are among the benefits of new equipment announced in November for the District. More than $1 million in funding is being provided to purchase a $650,000 direct digital radiography unit, a $157,000 anesthesia system and a $200,000 hematology analyzer system for the Regional Hospital.

The new Digital radiography system provides improved quality of images and the ability to enhance images to help physicians as they diagnose diseases and conditions. The new anesthesia system will be used to support all surgical procedures requiring general anesthetic and will help to standardize anesthesia equipment across the District.

A new hematology analyzer system will assist in the 100,000 complete blood counts performed each year by the District Medical Laboratory Services. It will benefit patients through improved technology and accuracy of the test results and benefit Medical Laboratory Technologists through improved efficiency and safety of the analysis process.

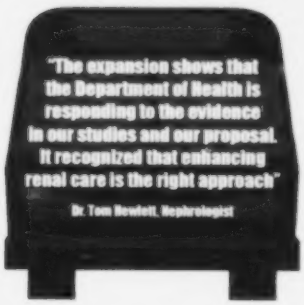
In addition, more than $77,000 in additional funding will be made available to the District to purchase equipment such as patient lifts and special tubs that will provide comfort for patients and ease the workload for health care professionals in acute care and long term care units.

The new equipment was paid for from the $45 million that Nova Scotia received from the Federal government's program to assist provinces and territories with the purchase of new or replacement diagnostic medical equipment.

Renal Dialysis Services Expanded

In January 2004, construction began on a new $7.4 million renal dialysis unit at the Regional Hospital.

The unit will consolidate services now offered in different parts of the hospital.


"The expansion shows that the Department of Health is responding to the evidence in our studies and our proposal. It recognized that enhancing renal care is the right approach"
Dr. Tom Bewlett, Nephrologist

The expansion will take more than a year to complete and will enable caregivers to meet the growing demand for renal dialysis services in the area.

An aging population and high rates of diabetes and circulatory disease are factors in the increased need.

The satellite dialysis unit in North Sydney will continue to operate in conjunction with the new unit.

The $7.4 million comes from the Nova Scotia Department of Health's $30 million capital fund.

Toy Lending Library Comes to Regional Hospital

A year ago, Occupational Therapist Sheila Poulton came up with the idea to put a toy lending library for special needs children in the Occupational Therapy Department at the Regional Hospital. Through a toy lending library, toys are lent out to families for a few days and then the family returns them. This allows the family to have a dry run with the toys to see if their child or children like them before they buy them. The toys are made specifically to help children learn, imagine and develop. Funding to help get the library started was secured through the Pediatric LaBatt's Relay Fund. Then with the help of Brenda Wilson, whose daughter Emma is one of the special needs children seen by the department, the library's shelves were filled with toys. Approximately 150 children are being seen through the OT Department. Of them, between 80 and 100 are able to use the toys available.

Clinic Hosts 4th Annual Heart Health Day

In February, the District's Heart Function Clinic hosted its 4th "Keeping Your Heart Healthy" workshop. Approximately 80 people attended the workshop which included a variety of guest speakers who discussed heart health issues. In addition to the guest speakers, booths were set up where participants could get information on heart health or get their blood cholesterol and blood glucose levels tested. The workshop's goal is to be proactive and help people become more aware of the impact risk factors like stress, improper diet and a family history of heart disease can have on their hearts.

- Diagnostic Services 11.34
- Emergency Services 6.08
- Mental Health Services 5.72
- Other Professional & Support Services 4.96
- Maternal/Child Inpatient Services 3.77
- Housekeeping 3.18
- Materials/Laundry/Linen 2.64
- Outpatient Renal Dialysis Services 2.41
- Information Services 2.29
- Medical Services & Payments 2.10
- Ambulatory Care Clinics 1.74
- Outpatient Palliative Care Services 0.51

Outdoor Winter Activity Program-Southend Community Centre

Harbourside Seniors Club Exercise Program

Mapping the Route to Better Health

About the District

Since its formation in 2001, the District has been building relationships with its communities. The District's six Community Health Boards (CHBs) provide a valuable link between the District and its communities. Together the District, its CHBs and its communities are working toward a healthier community. The District has two significant goals. First to improve the health of the people it serves and secondly to improve access to services.

The District works towards these goals through both its acute care and continuing care facilities. It also works with the Guysborough Antigonish Strait Health Authority through the shared services of Public Health Services and Addiction Services.

With more than 3,000 full-time, part-time and casual employees, the District is presently one of the largest employers on Cape Breton Island. In terms of an economic contribution, about 75 per cent of the District's $162 million budget is used for salaries. Below is a breakdown of how the District spent its money in the 2003/2004 fiscal year.

How District Spends Money - 2003/2004

• Acute Adult Med/Surg Inpatient Care	16.53
• Operating Room Services	7.28
• Building Services	5.84
• Administrative Services	5.26
• Patient Food Services	4.48
• Critical Care Services	3.59
• Outpatient Cancer Treatment Services	2.55
• Rehabilitation Services	2.36
• Addiction Services	2.22
• Public Health Services	1.95
• Pharmacy Services	1.20
Total	100%

About the Community Health Boards (CHBs)

The volunteer CHBs support population health initiatives through community involvement. This year the CHBs helped several different community based organizations to launch a variety of programs and activities to promote physical activity and healthy living through the "Communities in Motion" sponsorship and funding initiative. Funding support and sponsorship is made possible through financial assistance from the District, which provided $60,000 to be shared among the six CHBs.

The following initiatives were funded through "Communities in Motion" from April 2003 to March 2004:

CENTRAL CAPE BRETON COUNTY CHB

1 **Outdoor Winter Activity Program-Southend Community Centre**

Purchase snowshoes. Develop an outdoor winter activity program for students of Sherwood Park Junior High, Brookland Elementary, Cusack Cornwallis Complex, other schools and the public.

Focus on use of snowshoes in the Baille Ard Nature Trails and trails along the Washbrook.

2. **Harbourside Seniors Club Exercise Program**

Host10 week exercise program for seniors. Funding covers costs for equipment, hall rental, instructor fees and transportation subsidy.

3. **Community Tennis Program**

   Purchase tennis equipment for summer program located at George D. Lewis School offered by a non-profit tennis society with assistance of community volunteers and a summer grant student.

4. **13th Sydney-St. Joseph's Scouts & Venturers Camping Program**

   Purchase camping equipment that will allow the group to pursue weekend camping and day activities in the outdoors in all seasons.

5. **Holy Angels High School Fitness Program**

   Expand the PAL and Physical Education curriculum to include introduction to Pilates and use of stability balls. Encourage students to improve their personal fitness levels.

6. **Marion Bridge School Playground Program**

   Assist the Marion Bridge School Playground Committee with purchase of new equipment for use in students physical activity.

7. **Two Rivers Park Volleyball Program**

   Constructing and equipping two sand volleyballs courts to encourage increased physical activity of teens who visit the park.

8. **Crossroads Clubhouse Healthy Living Program**

   Addition of an exercise component to the healthy living program offered at Clubhouse whose members are individuals in the community living with mental illness.

9. **"Kids First" After-School Program - Riverside Elementary School**

   Assist the after-school program which offers recreational, social, emotional and character growth experiences for students.

10. **"Healthy Education and Living After-School Project" - Harbourside Elementary (Sydney)**

    Engage grade 3 to 6 students in a voluntary, structured after-school program which includes homework, nutritional education and physical activity.

EAST CAPE BRETON COUNTY CHB

1. **"CAPERS Communities in Motion" Project**

   Pilot program to grade 4, 5 and 6 students from the New Waterford and Glace Bay areas aimed at increasing participation in physical activities at school and on weekends with the help of the University College of Cape Breton varsity athletes, athletic trainers and nutritionists. The program targets students not engaging in an adequate amount of physical activity or who may have barriers to accessing physical activity opportunities.

NORTHSIDE THE LAKES CHB

1. **"Take Santa for a Walk"**

   CHB in partnership with the municipal recreation department host a community walk for all ages on a local trail to get Santa Claus "in shape" before Christmas.

2. **Physical / Nutrition Challenge for Schools**

   CHB challenge to all 19 schools in the Northside area to achieve one of three levels of prizes by June for initiating and sustaining new activities that increase the level of physical activity and improve nutrition among students.

3. **"Bunny Hop" Community Walk**

   CHB and municipal recreation department sponsored walk encouraging all ages to get the Easter Bunny "in shape" before Easter. Activity related prizes (e.g. skipping ropes, pedometers, bicycle helmets)

4. **"Fun Activity" Pilot Program**

   A series of non-competitive physical activity sessions for youth at school gyms or community halls on Saturdays.

5. **Pedometers to Measure Progress**

   CHB purchases and loan pedometers to groups to measure activity levels (steps) during events and will use pedometers for CHB activities.

VICTORIA COUNTY CHB

1. **Grant's Pond Trail Project**

   Support the Middle River Watershed Society in clearing a walking trail around the pond, which, with future development, is planned to include a fishing area accessible for handicapped individuals.

2. **Baddeck School Playground Improvement Society**

Assure elementary students have access to a variety of playground equipment in good repair by supporting purchase/upgrading of equipment.

3. **Alderwood Activity Program**

   Purchase games/equipment that will be used in the continuing care facility to engage seniors in activities.

4. **Budding Enthusiasts Garden Club Project**

   Support the newly formed garden club in acquiring speakers and holding information / interactive sessions that will encourage people of all ages to garden.

5. **St. Ann's Bay Trail Restoration**

   Recover an all-season hiking trail damaged by recent storms. Maintained by the St. Ann's Bay United Church "Trail Committee" and area volunteers.

6. **"Spring Into Fitness" - Rankin Memorial School**

   Promote physical fitness and create an interest in dance through sessions in "hip-hop." Purchase equipment and hold "fun fitness" days for students ages 12 to 17 years.

7. **Train the Trainer for Seniors Exercise Program (SMART)**

   Sponsor two individuals to complete training and certification required to provide the SMART seniors exercise program.

8. **Cabot Junior Senior High Ski Program**

   Support students requiring assistance to attend downhill ski trips and activities in the local area.

9. **Outdoor Rink Program - Smokey Recreational Society**

   Support to continue physical development of this newly established outdoor community rink.

10. **Highland Manor Activities Program**

    Purchase equipment/games that will be used in the continuing care facility to engage seniors in activities.

CENTRAL INVERNESS CHB

1. **Recreation Activities for Central Inverness**

   CHB to assist the Recreation/Tourism department of the municipality of Inverness to offer various recreation and physical activity programs in the central Inverness area. The CHB will work with the department in identifying and supporting such activities over the next year.

NORTH INVERNESS CHB

1. **Tai Chi Program**

   Introductory and 12 week Tai Chi program for individuals of all ages from the Cheticamp, St. Joseph du Moine, Belle Cote areas.

2. **Cape Breton Highlands Academy Activity Program**

   Support for a variety of physical activity opportunities to students during school hours and to community residents after hours.

3. **Cross County Ski Program**

   Expand cross country ski program offered through the Recreation/Tourism Department of the municipality of Inverness by purchasing additional skis.

About Our Communities

Improving the health of the District's population involves a team approach. From a health status perspective we know that the people in the District's communities face many challenges. The burden of illness or rates of disease are in some cases higher in the District, than they are in other parts of the province and even the country. However, the District has the Cape Breton advantage. When faced with adversity or challenges, the people on the Island have a determination and sense of commitment that is legendary. When people on the Island get behind an issue, the power to influence change or improvement can be significant. The District works with the people it serves and its community partners to make healthier choices together. Earlier this year the District commissioned a survey to get a sample of some of the health issues its residents face. Here are some of the results of that survey as they relate to nutrition and healthy eating.

The eating habits of District residents vary, including what people consume on an average day.

22% of females surveyed eat five or more servings of fruit or vegetables a day. Only 13% of males surveyed eat five or more servings of fruit or vegetables daily.

There are a number of factors which influence healthy eating.

12% of females surveyed and 8% of males surveyed, say they don't have enough time to choose healthier foods.

26% of females surveyed and 15% of males surveyed found that the cost of food makes it more difficult for them to eat healthier foods.

10% of people surveyed said that in the past year they worried about having enough food for themselves or their family. Of that group, 91% said not having enough money was the main reason for their concern about food.

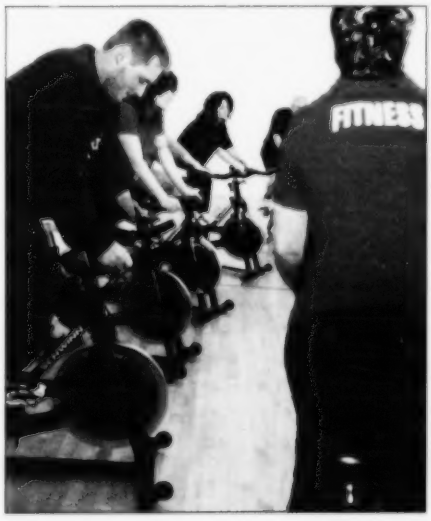
There's an old saying that breakfast is the most important meal of the day. It's good advice.

29% of people surveyed skip breakfast regularly. 19% of the people surveyed also found breakfast was the hardest meal to choose healthy foods.

24% chose lunch as the hardest meal to choose healthy foods.

People often talk about their body weight. How people see themselves often affects their health choices.

55% of people surveyed considered their weight "just about right;" 41% of people surveyed considered themselves overweight and 3% considered themselves underweight.



ON THE ROAD TO...
Healthy Workplaces

Healthy Workplace Initiative

Work continued on the Healthy Workplace initiative that began in September 2002. In 2003, the District received the results from its Healthy Workplace Survey. The survey was completed by 1,825 individuals, over 60 per cent of District staff. Most of the staff surveyed rated their current health as good, very good and excellent. A small, percentage, about 4 per cent, rated their health as fair or poor. Staff also identified things they would like to do to improve their health over the next year. More exercise and eating better were two of the top responses. Getting more or better sleep, learning to cope with worry, nervousness or stress, removing a major source of worry and stress from your life and change of working conditions were also among the concerns raised by employees.

As a result of the review of the survey results and the work of the labour-management partnership known as the Healthy Workplace Team, the following recommendations were made.

- All services and departments will have an objective for 2003/2004 to review the responses pertaining to listening and responding and identify actions for addressing these responses in their area of responsibility.
- Focus group will be held with Directors and Managers to discuss the response and propose opportunities for improvement.
- All departments will have regular staff meetings, agenda and minutes will be required.
- Employee and Management Development Programs will be researched to select the most appropriate ones to provide skill development in this area.

NWC Environmental Concerns

In early 2003, the District responded to concerns raised by some health care workers who claimed that renovations carried out at the New Waterford Consolidated Hospital made them sick. Independent experts in the fields of industrial hygiene, toxicology, air quality and a physician were hired to help coordinate testing and analysis of the air, water and building materials in the hospital.

The testing so far has found that air quality within the hospital is safe. Voluntary biological testing was also offered to all employees who work at the hospital. The independent toxicologist reviewed initial results and explained that the overall results do not reflect unusual exposures. A further independent review found that while improvements can be made to the approach to air quality investigation, there is no evidence to support that there are exposure sources for metals inside the building. Early testing had indicated that there were inadequate air exchanges in specific areas of the hospital and improvement was necessary.

Follow-up testing of air quality and ventilation was also done throughout the hospital and the Joint Occupational Health and Safety Committee continues to lead and direct the process. This includes a building assessment to review the need for ventilation improvements to the hospital. Plans are also underway for individuals from outside the area who have expertise in Occupational and Environmental health to meet with employees, review individual cases and overall test results and then report their findings to the Joint Occupational Health and Safety Committee and employees. This approach and building assessment is supported by the District's Unions and Management.

District Launches Heart Health Strategy

In June 2003, the District launched a strategy to address heart health issues among people in the communities it serves. Development of the strategy began in October 2002 after evidence in the District's health status report, Our Health, identified heart and circulatory disease as the number one cause of death in the District. The Steering Committee built the strategy on three pillars. Primary and Secondary Prevention is the first pillar. Primary and Secondary Prevention includes education, building community awareness, proper nutrition and encouraging Community Physical Activity. The second pillar recognizes the large number of cardiac patients already in the District's communities. To give these patients the best treatment possible a Cardio Pulmonary Rehab Program is being developed with the targeted goal of treating 175 patients per year. The third pillar is Clinic Expansion which looks at improving diagnostic technology and training, including establishment of a cardiac catheterization service. It also includes improving primary and secondary prevention screening and improving cardiac evaluation.

District's New Smoking Policy in Effect

In July 2003, the District's new smoking policy came into effect. The three year phased in policy complies with smoking bylaws now in place in municipalities throughout Cape Breton Island with its ultimate goal being smoke free District properties. The first phase introduced in July 2003 allowed for smoking in designated areas or "butt huts" for patients only. Staff were no longer able to use the "butt huts" at any of the facilities where the shelters are located but could smoke inside cars in the parking lots. Beginning in July 2004, there will be no smoking in any of the District's facility parking lots. In July 2005, designated smoking areas will be removed and there will be no smoking on District property, except for the noted exemptions of palliative care patients, continuing care residents and mental health patients. These exemptions are based on humane considerations or limitations such as the residential nature of continuing care.

District's Strategic Directions Announced

In September 2003, the District released its five year Strategic Directions during its third Annual General Meeting in Terre Noire, Inverness County. The Strategic Directions is a five-year comprehensive guide for all employees, services and programs within the District, as well as partners in care, community stakeholders and the people served by the District. It is broken down into four strategic directions HEALTHY COMMUNITIES, HEALTHY SERVICES, HEALTHY WORKPLACES and HEALTHY POLICIES.

Under the direction of HEALTHY COMMUNITIES, the District's goals include making Cape Breton the healthiest place to live in Nova Scotia within five years, improving access and quality of primary care available to District residents and enhancing the mental health of District residents.

Under the direction of HEALTHY SERVICES, goals include improved access and funding to care and treatment, improved geriatric services, improved services for children and adolescents, enhanced quality and safety of services provided within the District and integrated Continuing Care services which are delivered in the most appropriate setting and in accordance with established standards of care.

The third strategic direction looks at HEALTHY WORKPLACES. Goals under this direction include: establishing an organizational culture that provides the support to attract, develop and retain the best possible people and demonstrating leadership in health and health care related education, research and service delivery within five years.

The final strategic direction looks at HEALTHY POLICIES. This includes advocating for healthy public policy, promoting access to safe water for all District residents, monitoring air quality and promoting healthy public policy designed to maintain or improve the existing standards and monitoring the clean up of hazardous waste sites to ensure public health is protected.

ON THE ROAD TO...

Healthy Achievements

GBHC Ladies Auxiliary Turns 90

The Glace Bay General Hospital Ladies Auxiliary celebrated its 90th year of service to the hospital. Since it began in 1913, the Auxiliary has tirelessly worked to raise funds for a range of hospital equipment. Over the years, Auxiliary funds have furnished two rooms, helped purchase windows for the hospital's chapel and helped fund projects like the Retinal Eye Clinic, the MRI and bone densitometer. Congratulations and many thanks are extended to the Auxiliary members both past and present for their contributions to health care in Glace Bay.

Health Award Winners Announced

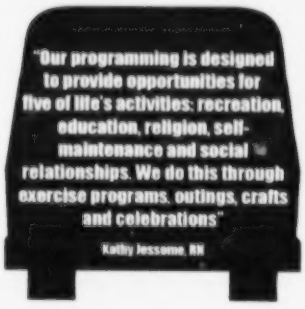
On Canada Health Day, the District announced Father John Graham and Mary Beth LeBlanc as the winners of its annual Donald Ferguson Health Leadership Award and Health Care Provider of the Year Award respectively.

The Donald Ferguson Health Leadership award recognizes Father John Graham's special interest in working with individuals who have alcohol and drug related problems. Since the 1960s, he has worked on various committees at the local, provincial and national level to ensure that the needs of those with addiction issues are addressed. Father Graham has also been involved as a visiting lecturer on a weekly basis in the educational component of programming on the Primary Care Unit, Addiction Services. He regularly stays longer than the appointed time in order to visit with clients and to provide individual counselling. He also participates in the spirituality component of the Structured Treatment Residential Programs.

The Health Care Provider of the Year Award recognizes Mary Beth LeBlanc for her work as Manager of the District's four Youth Health Centres and also the District Coordinator for the Nova Scotia TeleHealth Network (Cape Breton District Health Authority and Guysborough Antigonish Strait Health Authority). Her dedication to youth health initiatives has resulted in, not only the Youth Health Centres, but many other projects. She has helped initiate Smoking Cessation programs for youth and the Youth Health Fair. In addition, LeBlanc is the Chair of the Board of Directors of the Cape Breton Family Place Resource Centre and Chair of the Early Years Action Team.

Seniors' Day Program Celebrates 20th Anniversary

This year marked the 20th year of operation for the Seniors' Day Program at Harbour View Hospital. The Seniors' Day Program was established in 1982 as an outreach program. In May 1983, it officially opened its doors to clients. The program is designed to assist seniors maintain their independence in the community. Clients of the program are provided with day-time medical, rehabilitative, therapeutic and social activities supplementing family care. The clients leave home in the morning and return home later in the day. During the day the clients take part in a variety of activities including community outings and hobby groups. Potential clients can be referred to the program by their family, a physician, health professionals, social workers or clergy. To be eligible for the program, a person must be 65 years of age or older, a resident of the Northside and surrounding areas, be independent, mobile and comfortable in group settings. Clients pay $7.50 a day to support the cost of the program which includes a noon meal, snacks and taxi service to and from the program.


"Our programming is designed to provide opportunities for five of life's activities: recreation, education, religion, self-maintenance and social relationships. We do this through exercise programs, outings, crafts and celebrations"
Kathy Jessome, RN

New Waterford Consolidated Marks 40th Anniversary

An open house to help celebrate the 40th Anniversary of New Waterford Consolidated was held in July at the KOC in New Waterford. The afternoon social gave the public, past and present members of the hospital foundation, the ladies auxiliary, Board members, CHB member and both former and current employees a chance to gather for either a chat, renew acquaintances or to reminisce. Archive photographs, videos and a continuous slide presentation were also a nostalgic part of the event. The open house coincided with the New Waterford Homecoming and the community's 90th anniversary.

Addiction Services Celebrates 30th Anniversary

In November, Addiction Services celebrated 30 years of service to the people of Cape Breton Island. To mark the occasion, an Open House was held at the 115 Alexandra Street location. Staff, both past and present, were joined by current clients, former clients, family members and community representatives at the event. Visitors were also able to thumb through scrapbooks and photo albums and view a continuous slide presentation chronicling Addiction Services' history in the area.

ON THE ROAD TO...

A Healthy Future

Research Alive and Well in Cape Breton

In June, representatives from the academic community, health professions and the voluntary health sector came together to share information on their research initiatives. This one-day Health Research Symposium entitled, "Broadening the Definition of Health: Building Research Through Partnerships" took place at the University College of Cape Breton. Keynote speaker was Dr. Tim O'Neill. The Office of Research and Academic Institutes at UCCB and the District are working together in partnership to provide this opportunity to learn more about health research in Cape Breton. The symposium featured presentations by local researchers as well as nationally recognized professionals in the fields of research and collaboration. During the symposium a five year Memorandum of Understanding was signed by UCCB and the District. The MOU will help strengthen a partnership in health services research and promotion and utilize the resources and knowledge of both organizations to improve the health of the community. Future initiatives could include research, education programs (traditional, distance, certificate), conferences (learned, community-based workshops), communication projects and promotional materials. The Cape Breton Health Research Symposium will be an annual event.

Hospitals Making Transition to NShIS

On July 1st, staff at District hospitals in Sydney, Glace Bay, North Sydney and New Waterford began using a new computer system. The system is part of the Nova Scotia Hospital Information System (NShIS) and will help to improve the coordination of patient information within and between hospitals. On November 1, staff at hospitals in Cheticamp, Baddeck and Neil's Harbour began using the system. Initial assessments have been positive with implementation team members supporting staff with problems or challenges. Over the coming months, the system will continue to be implemented in a variety of hospital services and at other hospitals throughout the District.

The District and the Guysborough Antigonish Strait Health Authority were initially the two lead organizations in the province to implement the new system. When completed, the system will automate and link 34 hospitals in Nova Scotia. The improved computer link will provide patients, health care professionals, physicians and administrators with easier, faster and secure access to vital health information. Overall this is helping to improve patient care throughout the District by enhancing the registration process for patients and allowing health care professionals to better track information and make the most appropriate decisions for the care of patients. Staff throughout the District have been extremely busy training, working with implementation teams, installing new computers and kilometres of wire to make sure everyone is connected. The new system is part of a multi year, multi million dollar province wide investment and is a key component of Nova Scotia's comprehensive health information management strategy that includes electronic patient records.

Fair Encourages Students to Work in Health Care

In November, the District joined forces with local school boards to host a Health Career Fair for local students. The goal of the Career Fair is to encourage students to consider careers in health care. Approximately 90 students and guidance counsellors from the area's high schools participated in the event. The Career Fair consisted of several displays from different health care sectors including two "break-out rooms" for Medicine and Nursing sessions. Students were also able to tour the Diagnostic Imaging Department, the Cape Breton Cancer Centre and the hospital's Lab and talk to various health care professionals about careers in health care.

Looking at Healthy Drug Use

The District, through its Strategic Directions has a goal to enhance the Quality and Safety of Services Provided within the District. This includes an objective to enhance the safety and appropriateness of medication use through the introduction of a Healthy Drug Use Strategy. Work in this area is ongoing.

A focus group of physicians representing the District and various disciplines met to examine what the group perceived as a significant increase in street level controlled substances such as Oxycodone and what it can do to help curb abuse of such drugs.

During the meeting the physicians discussed several topics including the potency and addictive potential of such drugs, the need for further education for physicians on proper drug use and prescription monitoring. From the discussion, four priorities were identified: the need for doctors to have appropriate information on the addictive potential of Oxycodone, the need to communicate this information to physicians, the need to have continuing education on this matter for physicians and the need to help assist patients who need addiction treatment.

In March 2003, a Community Partnership met for the first time to discuss prescription drug abuse in the community and to explore ways to reduce the misuse of prescription drugs. It consists of representatives from the District, Cape Breton Regional Police, Royal Canadian Mounted Police, Cape Breton -Victoria Regional School Board, University College of Cape Breton, the Nova Scotia Departments of Community Services and Justice and representatives from the medical and pharmacist sector. The Partnership has three working groups; Treatment, Education and Prevention and Enforcement and Supply. The partnership members are sharing current information about the issue and are working on a variety of recommendations as part of a commitment to a long term approach.

Financial Statement

Cape Breton District Health Authority

STATEMENT OF FINANCIAL POSITION

	2004	2003
ASSETS		
Current Assets		
Cash	$30,984	$6,786,029
Internally restricted cash	160,945	160,945
Accounts Receivable (note 2)	26,378,610	19,179,397
Inventories (note 4)	2,701,296	2,827,229
Prepaid expenses	166,306	93,671
	29,438,141	29,047,271
Capital assets (note 5)		
Cost	264,176,122	253,444,997
Less accumulated amortization	110,494,354	99,979,440
	153,681,768	153,465,557
Other assets (note 7)		
Due from Department of Health for retirement allowance	11,564,979	10,103,232
	$194,684,828	$192,616,060
LIABILITIES, DEFERRED CONTRIBUTIONS AND NET ASSETS		
Current liabilities:	$2,202,874	-
Accounts Payable and accrued liabilities (note 6)	$27,809,866	$26,714,228
	$30,012,740	$26,714,228
Deferred contributions for capital assets (note 8)	$152,605,572	$155,213,262
Other liabilities:		
Retirement allowance payable (note 7)	11,564,919	10,103,232
Net assets		
Unrestricted (deficiency)	(735,544)	(320,583)
Restricted (note 1(c))	160,945	160,945
Invested in capital assets (note 9)	1,076,196	744,976
	501,597	585,338
Contingencies (note 11)		
Contingencies (note 12)		
	$194,684,828	$192,616,060

STATEMENT OF OPERATIONS

	2004	2003
INCOME:		
Net patient income:		
Provincial Plan	$157,203,300	$150,414,011
Other	13,586,003	11,599,050
Medical Service Insurance	5,838,858	4,620,761
Net differential	1,835,054	1,402,121
Dietary recoveries	1,398,660	1,302,802
Miscellaneous	1,032,261	717,786
Investment Income	47,583	36,867
Referred in work	89,787	55,365
Equipment grant	-	35,312
	181,031,506	170,184,075
EXPENSES:		
Nursing inpatient Services	63,344,581	61,210,889
Support Services	46,326,598	44,150,386
Diagnostic and therapeutic services	31,589,049	30,340,662
Ambulatory Care Services	30,620,099	28,062,480
Addiction Services	3,641,700	3,451,504
Public Health	3,142,804	2,952,712
Education	524,711	520,043
Retirement Allowance	842,285	895,399
	181,031,827	171,584,075
Net operating position before deficit funding	(321)	(1,400,000)
Deficit funding received from Dept. of Health	-	1,400,000
Excess of revenue over expenditures before below noted items	(321)	-
Amortization of deferred contributions related to capital assets (note 9 (b))	10,431,494	9,558,638
Amortization of capital assets (note 9 (b))	(10,514,914)	(9,564,518)
Excess of expenditure and revenue	$(83,741)	$(5,580)

Our Board of Directors

Norm Connors-Chairman

Cathy Power-Vice Chair

Yvon LeBlanc-Secretary

Dr. Lorne MacLellan-Treasurer

Mildred Evans

Dawn MacKeigan

Paula McMullen-Beaton

Elaine Rankin

Dan Yakimchuk

Ron Williams

Richard Gwinn

Peter Patterson

Cape Breton District
HEALTH AUTHORITY

Making Healthier Choices Together

Our Community Health Boards

Central Cape Breton County
Louise Smith-MacDonald, Chair
(902) 563-2702

East Cape Breton County
Mel Clarke, Chair
(902) 842-0402

Northside the Lakes
Brenda Boutilier, Chair
(902) 736-7952

Victoria County
Gordon MacIver, Chair
(902) 295-2317

Central Inverness
Frank Macdonald, Chair
(902) 258-2312

North Inverness
Barbara LeBlanc, Chair
(902) 235-2506

Our Facilities and Community Programs

Cape Breton Regional Hospital
1482 George Street
Sydney, NS B1P 1P3
(902) 567-8000

Glace Bay Health Care Facility
300 South Street
Glace Bay, NS B1A 1W5
(902) 849-5511

Northside General Hospital
520 Purves Street, PO Box 399
North Sydney, NS B2A 3M4
(902) 794-8521

Harbour View Hospital
22 Richard Street
Sydney Mines, NS B1V 2H7
(902) 736-2831

New Waterford Consolidated Hospital
716 King Street
New Waterford, NS B1H 3Z5
(902) 862-6411

Taigh Na Mara
974 Main St., Glace Bay, NS B1A 4Z8
(902) 842-3900

Inverness Consolidated Memorial Hospital
39 James St., Inverness, NS B0E 1NO
(902) 258-2100

Victoria County Memorial Hospital
30 Old Margaree Road
PO Box 220, Baddeck, NS B0E 1B0
(902) 295-2112

Buchanan Memorial Community Health Centre
Neil's Harbour NS B0C 1N0
(902) 336-2200

Sacred Heart Community Health Centre
15102 Cabot Trail, PO Box 129
Cheticamp, NS B0E 1H0
(902) 224-1500

Addiction Services
235 Townsent Street
Sydney, NS B1P 5E7
(902) 563-2050

Public Health Services
235 Townsend Street
Sydney, NS B1P 5E7
(902) 563-2400

A Special Thank You

The Cape Breton District Health Authority would like to recognize the numerous Foundations, Auxiliaries, Service Clubs, community organizations and individuals who volunteer their valuable time and energy to raise funds that contribute to the success of the District. Each and every donation is significant and does make a difference. This community wide generosity plays a vital role as we work to improve programs and services for the people we serve.

Copies of the Annual Report
are available from:

Public Affairs Department
Cape Breton District Health Authority
1482 George Street
Sydney, NS B1P 1P3
(902) 567-7797

www.cbdha.nshealth.ca

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